

ALL SAINTS LUTHERAN PRESCHOOL

REGISTRATION FORM

PROGRAM: 3 Year Old \_\_\_\_\_ PreK \_\_\_\_\_ PreK Plus-4 day \_\_\_\_\_ 5 day \_\_\_\_\_

Child's Full Name \_\_\_\_\_  
*First Middle Last*

Nickname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip*

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email address \_\_\_\_\_

Employed By \_\_\_\_\_ Employed By \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings:

\_\_\_\_\_  
*Name Date of Birth Name Date of Birth*

\_\_\_\_\_  
*Name Date of Birth Name Date of Birth*

Father-Church Member at: \_\_\_\_\_

Mother-Church Member at: \_\_\_\_\_

Child-Church Member at: \_\_\_\_\_

Child Attends Sunday School Yes No  
*Circle One*

Child Baptized Yes No  
*Circle One*

What are your child's favorite activities: \_\_\_\_\_

Is there anything special we should know about your child \_\_\_\_\_

Previous Preschool Experience \_\_\_\_\_

A NON-REFUNDABLE enrollment fee of \$75.00 and the NON-REFUNDABLE first months tuition are required at time of registration. Registrations are accepted on a first come, first serve basis. You are not considered enrolled until this form has been completely filled out and fees have been paid. If something does not apply please place a N/A on the line.

SIGNATURE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

\*NOTE: The Olmsted Falls School District requires that children be 5 by August 1<sup>st</sup> to begin Kindergarten in the fall.